

FILED MAR 9 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 43517

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3040 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Mississippi,				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston		d. STREET ADDRESS (If rural, give location) E. 9th St. 06120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home							
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Warren		c. (Last) Mc Kenzie		4. DATE OF DEATH (Month) (Day) (Year) Dec. 18, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 3, 1871	
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw Man		10b. KIND OF BUSINESS OR INDUSTRY Miller Saw Mill		11. BIRTHPLACE (State or foreign country) Hardin Co., Tenn.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Andrew Mc Kinzie		13b. MOTHER'S MAIDEN NAME Lamar Ledbetter		14. NAME OF HUSBAND OR WIFE Hallie Myrtle Mc Kenzie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hallie Myrtle Mc Kenzie Charleston Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized Advanced Arteriosclerosis</i> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4500			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10/28, 1955, to 12/18, 1955, that I last saw the deceased alive on 12/18, 1955, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>John S. ...</i>				23b. ADDRESS		23c. DATE SIGNED 1/30/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-20-1955		24c. NAME OF CEMETERY OR CREMATORY Hickman Cemetery		24d. LOCATION (City, town, or county) (State) Hickman, Kentucky	
DATE REC'D BY LOCAL REG. 2/2/56		REGISTRAR'S SIGNATURE <i>John S. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Eugene W. ...</i>		ADDRESS Mc Kie Funeral Home Charleston Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PARENTHESIS A PARENTHESIS

RECEIVED  
Miss. Co. Health Dept  
County File No. MAR 1  
Date Filed MAR 1 1958

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer.

Signed *J. E. McMillan*

Licensed Embalmer No. 4695

P. O. Address *Chickasaw, Ala*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.